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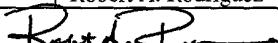
02-19-02 A

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.: SC11328ZK
 First Inventor: Lup Kweun Yee et al.
 Title: PROCESS AND APPARATUS FOR DISENGAGING
SEMICONDUCTOR DIE FROM AN ADHESIVE FILM
 Express Mail Label No.: EL581727948US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

PRO

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO:	BOX: New Patent Application Commissioner for Patents Washington, D.C. 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="17"/> (preferred arrangement set forth below)</p> <p>-Descriptive title of the invention</p> <p>-Cross Reference to Related Applications</p> <p>-Statement Regarding Fed sponsored R&D</p> <p>-Reference to sequence listing, a table,</p> <p>-Background of the Invention</p> <p>-Brief Summary of the Invention</p> <p>-Brief Description of the Drawings (if filed)</p> <p>-Detailed Description</p> <p>-Claim(s)</p> <p>-Abstract of the Disclosure</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies);</p> <p>ii. <input type="checkbox"/> or paper</p> <p>c. <input type="checkbox"/> Statements verifying identify of above copies</p>	
ACCOMPANYING APPLICATION PARTS			
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> IDS <input type="text" value="2"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>			
<p>18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. <input type="text"/></p> <p>Prior Appl. information: Examiner: <input type="text"/> Group/Art Unit: <input type="text"/></p> <p>For CONTINUATION OR DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23125	or <input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name	Robert A. Rodriguez	Registration No.	45,049
SIGNATURE 		Date	2-15-02

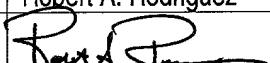
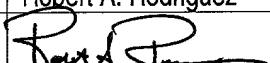
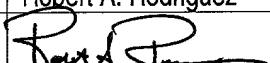
SC11328ZK

**FEET
TRANSMITTAL**

Patent fees are subject to annual revision

Complete if Known

Application Number			
Filing Date			
First Named Inventor	Lup Kweun Yee		
Examiner Name			
Group Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$) 780	Attorney Docket No.	SC11328ZK

METHOD OF PAYMENT				FEES CALCULATION (continued)																																																																																																																																																																																																																																																																			
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number 13-4773</p> <p>Deposit Account Name Motorola, Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. 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103	18	203	9	Claims in excess of 20																																																																																																																																																																																																																																																																			
102	84	202	42	Independent claims in excess of 3																																																																																																																																																																																																																																																																			
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																																			
109	84	209	42	* Reissue independent claims over original patent																																																																																																																																																																																																																																																																			
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<p>SUBMITTED BY</p> <p>Name (Print/Type) Robert A. Rodriguez</p> <p>Signature </p>				<p>Complete (if applicable)</p> <p>Registration No. 45,049 Telephone (512) 996-6839</p> <p>Date 2-15-02</p>																																																																																																																																																																																																																																																																			